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1 A bill to be entitled

2 An act relating to health care information; providing a

3 short title; providing purpose; amending s. 408.05, F.S.;

4 renaming the State Center for Health Statistics; revising

5 criteria for collection and use of certain health-related

6 data; providing responsibilities of the Agency for Health

7 Care Administration; providing for agency consultation

8 with the State Consumer Health Information and Policy

9 Advisory Council for the dissemination of certain consumer

10 information; requiring the Florida Center for Health

11 Information and Policy Analysis to provide certain

12 technical assistance services; authorizing the agency to

13 monitor certain grants; removing a provision that

14 establishes the Comprehensive Health Information System

15 Trust Fund as the repository of certain funds; renaming

16 the State Comprehensive Health Information System Advisory

17 Council; providing for duties and responsibilities of the

18 State Consumer Health Information and Policy Advisory

19 Council; providing for membership, terms, officers, and

20 meetings; amending s. 408.061, F.S.; providing for health

21 care providers to submit additional data to the agency;

22 correcting a reference; amending s. 408.062, F.S.;

23 revising provisions relating to availability of specified

24 information on the agency's Internet website; requiring a

25 report; removing an obsolete provision; authorizing the

26 agency to develop an electronic health information

27 network; amending ss. 20.42, 381.001, 395.602, 395.6025,

28 408.07, and 408.18, F.S.; conforming references to changes

29 made by the act; amending ss. 381.026, 395.301, 465.0244,

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627.6499, and 641.54, F.S.; conforming a cross-reference;
providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Coordinated Health
Care Information and Transparency Act of 2006."

Section 2. The purpose of this act is to provide better
coordination of health information for purposes of public health,
policy analysis, and transparency of consumer health care
information.

Section 3. Section 408.05, Florida Statutes, is amended to
read:

408.05 Florida State Center for Health Information and
Policy Analysis Statistics.--

(1) ESTABLISHMENT.--The agency shall establish a Florida
State Center for Health Information and Policy Analysis
Statistics. The center shall establish a comprehensive health
information system to provide for the collection, compilation,
coordination, analysis, indexing, dissemination, and utilization
of both purposefully collected and extant health-related data and
statistics. The center shall be staffed with public health
experts, biostatisticians, information system analysts, health
policy experts, economists, and other staff necessary to carry
out its functions.

(2) HEALTH-RELATED DATA STATISTICS.--The comprehensive
health information system operated by the Florida State Center
for Health Information and Policy Analysis Statistics shall
identify the best available data sources and coordinate the

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compilation of extant health-related data and statistics and
purposefully collect data on:

(a) The extent and nature of illness and disability of the state population, including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.

(b) The impact of illness and disability of the state population on the state economy and on other aspects of the well-being of the people in this state.

(c) Environmental, social, and other health hazards.

(d) Health knowledge and practices of the people in this state and determinants of health and nutritional practices and status.

(e) Health resources, including physicians, dentists, nurses, and other health professionals, by specialty and type of practice and acute, long-term care and other institutional care facility supplies and specific services provided by hospitals, nursing homes, home health agencies, and other health care facilities.

(f) Utilization of health care by type of provider.

(g) Health care costs and financing, including trends in health care prices and costs, the sources of payment for health care services, and federal, state, and local expenditures for health care.

(h) Family formation, growth, and dissolution.

(i) The extent of public and private health insurance coverage in this state.

(j) The quality of care provided by various health care providers.

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88 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order to
89 produce comparable and uniform health information and statistics
90 for the development of policy recommendations, the agency shall
91 perform the following functions:

92 (a) Coordinate the activities of state agencies involved in
93 the design and implementation of the comprehensive health
94 information system.

95 (b) Undertake research, development, and evaluation
96 respecting the comprehensive health information system.

97 (c) Review the statistical activities of state agencies to
98 ensure ~~the Department of Health to assure~~ that they are
99 consistent with the comprehensive health information system.

100 (d) Develop written agreements with local, state, and
101 federal agencies for the sharing of health-care-related data or
102 using the facilities and services of such agencies. State
103 agencies, local health councils, and other agencies under state
104 ~~contract with the Department of Health~~ shall assist the center in
105 obtaining, compiling, and transferring health-care-related data
106 maintained by state and local agencies. Written agreements must
107 specify the types, methods, and periodicity of data exchanges and
108 specify the types of data that will be transferred to the center.

109 (e) ~~The agency shall~~ Establish by rule the types of data
110 collected, compiled, processed, used, or shared. Decisions
111 regarding center data sets should be made based on consultation
112 with the State Consumer Comprehensive Health Information and
113 Policy System ~~System~~ Advisory Council and other public and private users
114 regarding the types of data which should be collected and their
115 uses.

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116 ~~(f)~~ The center shall establish standardized means for
117 collecting health information and statistics under laws and rules
118 administered by the agency.

119 (f)~~(g)~~ Establish minimum health-care-related data sets
120 which are necessary on a continuing basis to fulfill the
121 collection requirements of the center and which shall be used by
122 state agencies in collecting and compiling health-care-related
123 data. The agency shall periodically review ongoing health care
124 data collections of the Department of Health and other state
125 agencies to determine if the collections are being conducted in
126 accordance with the established minimum sets of data.

127 (g)~~(h)~~ Establish advisory standards to ensure ~~assure~~ the
128 quality of health statistical and epidemiological data
129 collection, processing, and analysis by local, state, and private
130 organizations.

131 (h)~~(i)~~ Prescribe standards for the publication of health-
132 care-related data reported pursuant to this section which ensure
133 the reporting of accurate, valid, reliable, complete, and
134 comparable data. Such standards should include advisory warnings
135 to users of the data regarding the status and quality of any data
136 reported by or available from the center.

137 (i)~~(j)~~ Prescribe standards for the maintenance and
138 preservation of the center's data. This should include methods
139 for archiving data, retrieval of archived data, and data editing
140 and verification.

141 (j)~~(k)~~ Ensure that strict quality control measures are
142 maintained for the dissemination of data through publications,
143 studies, or user requests.

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144 ~~(k)-(1)~~ Develop, in conjunction with the State Consumer
145 ~~Comprehensive~~ Health Information and Policy System Advisory
146 Council, and implement a long-range plan for making available
147 health care quality measures ~~performance outcome~~ and financial
148 data that will allow consumers to compare health care services.
149 The health care quality measures ~~performance outcomes~~ and
150 financial data the agency must make available shall include, but
151 is not limited to, pharmaceuticals, physicians, health care
152 facilities, and health plans and managed care entities. The
153 agency shall submit the initial plan to the Governor, the
154 President of the Senate, and the Speaker of the House of
155 Representatives by January 1, 2006, and shall update the plan and
156 report on the status of its implementation annually thereafter.
157 The agency shall also make the plan and status report available
158 to the public on its Internet website. As part of the plan, the
159 agency shall identify the process and timeframes for
160 implementation, any barriers to implementation, and
161 recommendations of changes in the law that may be enacted by the
162 Legislature to eliminate the barriers. As preliminary elements of
163 the plan, the agency shall:

164 1. Make available health care quality measures that
165 include, but are not limited to, process measures, patient safety
166 measures, inpatient quality indicators, performance measures,
167 ~~outcome~~ and patient charge data collected from health care
168 facilities pursuant to s. 408.061(1)(a) and (2). The agency shall
169 determine which conditions, ~~and~~ procedures, health care quality
170 measures ~~performance outcomes~~, and patient charge data to
171 disclose based upon input from the council. When determining
172 which conditions and procedures are to be disclosed, the council

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173 and the agency shall consider variation in costs, variation in
174 outcomes, and magnitude of variations and other relevant
175 information. When determining which health care quality measures
176 ~~performance outcomes~~ to disclose, the agency:

177 a. Shall consider such factors as volume of cases; average
178 patient charges; average length of stay; complication rates;
179 mortality rates; and infection rates, among others, which shall
180 be adjusted for case mix and severity, if applicable.

181 b. May consider such additional measures that are adopted
182 by the Centers for Medicare and Medicaid Studies, National
183 Quality Forum, the Joint Commission on Accreditation of
184 Healthcare Organizations, the Agency for Healthcare Research and
185 Quality, Centers for Disease Control and Prevention, or a similar
186 national entity that establishes standards to measure the
187 performance of health care providers, or by other states.

188
189 When determining which patient charge data to disclose, the
190 agency shall consider such measures as average charge, average
191 net revenue per adjusted patient day, average cost per adjusted
192 patient day, and average cost per admission, among others.

193 2. Make available performance measures, benefit design, and
194 premium cost data from health plans licensed pursuant to chapter
195 627 or chapter 641. The agency shall determine which health care
196 quality measures ~~performance outcome~~ and member and subscriber
197 cost data to disclose, based upon input from the council. When
198 determining which data to disclose, the agency shall consider
199 information that may be required by either individual or group
200 purchasers to assess the value of the product, which may include
201 membership satisfaction, quality of care, current enrollment or

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202 membership, coverage areas, accreditation status, premium costs,
203 plan costs, premium increases, range of benefits, copayments and
204 deductibles, accuracy and speed of claims payment, credentials of
205 physicians, number of providers, names of network providers, and
206 hospitals in the network. Health plans shall make available to
207 the agency any such data or information that is not currently
208 reported to the agency or the office.

209 3. Determine the method and format for public disclosure of
210 data reported pursuant to this paragraph. The agency shall make
211 its determination based upon input from the State Consumer
212 ~~Comprehensive~~ Health Information and Policy System Advisory
213 Council. At a minimum, the data shall be made available on the
214 agency's Internet website in a manner that allows consumers to
215 conduct an interactive search that allows them to view and
216 compare the information for specific providers. The website must
217 include such additional information as is determined necessary to
218 ensure that the website enhances informed decisionmaking among
219 consumers and health care purchasers, which shall include, at a
220 minimum, appropriate guidance on how to use the data and an
221 explanation of why the data may vary from provider to provider.
222 The data specified in subparagraph 1. shall be released no later
223 than January 1, 2006, for the reporting of infection rates, and
224 no later than October 1, 2005, for mortality rates and
225 complication rates. The data specified in subparagraph 2. shall
226 be released no later than October 1, 2006.

227 (4) TECHNICAL ASSISTANCE.--

228 (a) The center shall provide technical assistance to
229 persons or organizations engaged in health planning activities in
230 the effective use of statistics collected and compiled by the

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center. The center shall also provide the following additional technical assistance services:

1.~~(a)~~ Establish procedures identifying the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure data from the center, including procedures governing requests, the ordering of requests, timeframes for handling requests, and other procedures necessary to facilitate the use of the center's data. To the extent possible, the center should provide current data timely in response to requests from public or private agencies.

2.~~(b)~~ Provide assistance to data sources and users in the areas of database design, survey design, sampling procedures, statistical interpretation, and data access to promote improved health-care-related data sets.

3.~~(c)~~ Identify health care data gaps and provide technical assistance to ~~seek cooperative agreements with~~ other public or private organizations for meeting documented health care data needs.

4.~~(d)~~ Assist other organizations in developing statistical abstracts of their data sets that could be used by the center.

5.~~(e)~~ Provide statistical support to state agencies with regard to the use of databases maintained by the center.

6.~~(f)~~ To the extent possible, respond to multiple requests for information not currently collected by the center or available from other sources by initiating data collection.

7.~~(g)~~ Maintain detailed information on data maintained by other local, state, federal, and private agencies in order to advise those who use the center of potential sources of data which are requested but which are not available from the center.

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260 ~~8.(h)~~ Respond to requests for data which are not available
261 in published form by initiating special computer runs on data
262 sets available to the center.

263 9. Monitor innovations in health information technology,
264 informatics, and the exchange of health information and maintain
265 a repository of technical resources to support the development of
266 a health information network.

267 (b) The agency shall administer, manage, and monitor grants
268 to not-for-profit organizations, regional health information
269 organizations, public health departments, or state agencies that
270 submit proposals for planning, implementation, or training
271 projects to advance the development of a health information
272 network. Any grant contract shall be evaluated to ensure the
273 effective outcome of the health information project.

274 (c) The agency shall initiate, oversee, manage, and
275 evaluate the integration of health care data from each state
276 agency that collects, stores, and reports on health care issues
277 and make that data available to any health care practitioner
278 through a state health information network.

279 (5) PUBLICATIONS; REPORTS; SPECIAL STUDIES.--The center
280 shall provide for the widespread dissemination of data which it
281 collects and analyzes. The center shall have the following
282 publication, reporting, and special study functions:

283 (a) The center shall publish and make available
284 periodically to agencies and individuals health statistics
285 publications of general interest, including health plan consumer
286 reports and health maintenance organization member satisfaction
287 surveys ~~HMO report cards~~; publications providing health
288 statistics on topical health policy issues; publications that

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289 provide health status profiles of the people in this state; and
290 other topical health statistics publications.

291 (b) The center shall publish, make available, and
292 disseminate, promptly and as widely as practicable, the results
293 of special health surveys, health care research, and health care
294 evaluations conducted or supported under this section. Any
295 publication by the center must include a statement of the
296 limitations on the quality, accuracy, and completeness of the
297 data.

298 (c) The center shall provide indexing, abstracting,
299 translation, publication, and other services leading to a more
300 effective and timely dissemination of health care statistics.

301 (d) The center shall be responsible for publishing and
302 disseminating an annual report on the center's activities.

303 (e) The center shall be responsible, to the extent
304 resources are available, for conducting a variety of special
305 studies and surveys to expand the health care information and
306 statistics available for health policy analyses, particularly for
307 the review of public policy issues. The center shall develop a
308 process by which users of the center's data are periodically
309 surveyed regarding critical data needs and the results of the
310 survey considered in determining which special surveys or studies
311 will be conducted. The center shall select problems in health
312 care for research, policy analyses, or special data collections
313 on the basis of their local, regional, or state importance; the
314 unique potential for definitive research on the problem; and
315 opportunities for application of the study findings.

316 (6) PROVIDER DATA REPORTING.--This section does not confer
317 on the agency the power to demand or require that a health care

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provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law.

(7) BUDGET; FEES; ~~TRUST FUND~~.--

(a) The Legislature intends that funding for the Florida State Center for Health Information and Policy Analysis Statistics be appropriated from the General Revenue Fund.

(b) The Florida State Center for Health Information and Policy Analysis Statistics may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

(c) The center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.

~~(d) The agency shall establish a Comprehensive Health Information System Trust Fund as the repository of all funds appropriated to, and fees and grants collected for, services of the State Center for Health Statistics. Any funds, other than funds appropriated to the center from the General Revenue Fund, which are raised or collected by the agency for the operation of the center and which are not needed to meet the expenses of the~~

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~~center for its current fiscal year shall be available to the
agency in succeeding years.~~

(8) STATE CONSUMER ~~COMPREHENSIVE~~ HEALTH INFORMATION AND
POLICY SYSTEM ADVISORY COUNCIL.--

(a) There is established in the agency the State Consumer
~~Comprehensive~~ Health Information and Policy System Advisory
Council to assist the center in reviewing the comprehensive
health information system, including the identification,
collection, standardization, sharing, and coordination of health-
related data, fraud and abuse data, and professional and facility
licensing data among federal, state, local, and private entities
and to recommend improvements for purposes of public health,
policy analysis, and transparency of consumer health care
information such system. The council shall consist of the
following members:

1. An employee of the Executive Office of the Governor, to
be appointed by the Governor.

2. An employee of the Office of Insurance Regulation, to be
appointed by the director of the office.

3. An employee of the Department of Education, to be
appointed by the Commissioner of Education.

4. Ten persons, to be appointed by the Secretary of Health
Care Administration, representing other state and local agencies,
state universities, business and health ~~the Florida Association~~
~~of Business/Health~~ coalitions, local health councils,
professional health-care-related associations, consumers, and
purchasers.

(b) Each member of the council shall be appointed to serve
for a term of 2 4 years following ~~from~~ the date of appointment,

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except the term of appointment shall end 3 years following the date of appointment for members appointed in 2003, 2004, and 2005. ~~that~~ A vacancy shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired. ~~and except that:~~

~~1. Three of the members initially appointed by the Director of Health Care Administration shall each be appointed for a term of 3 years.~~

~~2. Two of the members initially appointed by the Director of Health Care Administration shall each be appointed for a term of 2 years.~~

~~3. Two of the members initially appointed by the Director of Health Care Administration shall each be appointed for a term of 1 year.~~

(c) The council may meet at the call of its chair, at the request of the agency department, or at the request of a majority of its membership, but the council must meet at least quarterly.

(d) Members shall elect a chair and vice chair annually.

(e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take action.

(f) The council shall maintain minutes of each meeting and shall make such minutes available to any person.

(g) Members of the council shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061.

(h) The council's duties and responsibilities include, but are not limited to, the following:

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404 1. To develop a mission statement, goals, and a plan of
405 action based on the guiding principles specified in s. 282.3032
406 for the identification, collection, standardization, sharing, and
407 coordination of health-related data across federal, state, and
408 local government and private-sector entities.

409 2. To develop a review process to ensure cooperative
410 planning among agencies that collect or maintain health-related
411 data.

412 3. To create ad hoc issue-oriented technical workgroups on
413 an as-needed basis to make recommendations to the council.

414 (9) APPLICATION TO OTHER AGENCIES.--Nothing in this section
415 shall limit, restrict, affect, or control the collection,
416 analysis, release, or publication of data by any state agency
417 pursuant to its statutory authority, duties, or responsibilities.

418 Section 4. Paragraph (b) of subsection (1) and subsection
419 (10) of section 408.061, Florida Statutes, are amended to read:

420 408.061 Data collection; uniform systems of financial
421 reporting; information relating to physician charges;
422 confidential information; immunity.--

423 (1) The agency shall require the submission by health care
424 facilities, health care providers, and health insurers of data
425 necessary to carry out the agency's duties. Specifications for
426 data to be collected under this section shall be developed by the
427 agency with the assistance of technical advisory panels including
428 representatives of affected entities, consumers, purchasers, and
429 such other interested parties as may be determined by the agency.

430 (b) Data to be submitted by health care providers may
431 include, but are not limited to: professional organization and
432 specialty board affiliations, Medicare and Medicaid

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433 participation, types of services offered to patients, amount of
434 revenue and expenses of the health care provider, and such other
435 data which are reasonably necessary to study utilization
436 patterns. Data submitted shall be certified by the appropriate
437 duly authorized representative or employee of the health care
438 provider that the information submitted is true and accurate.

439 (10) The agency shall be the primary source for collection
440 and dissemination of health care data. No other agency of state
441 government may gather data from a health care provider licensed
442 or regulated under this chapter without first determining if the
443 data is currently being collected by the agency and affirmatively
444 demonstrating that it would be more cost-effective for an agency
445 of state government other than the agency to gather the health
446 care data. The secretary ~~director~~ shall ensure that health care
447 data collected by the divisions within the agency is coordinated.
448 It is the express intent of the Legislature that all health care
449 data be collected by a single source within the agency and that
450 other divisions within the agency, and all other agencies of
451 state government, obtain data for analysis, regulation, and
452 public dissemination purposes from that single source.
453 Confidential information may be released to other governmental
454 entities or to parties contracting with the agency to perform
455 agency duties or functions as needed in connection with the
456 performance of the duties of the receiving entity. The receiving
457 entity or party shall retain the confidentiality of such
458 information as provided for herein.

459 Section 5. Paragraphs (h) and (j) of subsection (1) and
460 subsections (2) and (5) of section 408.062, Florida Statutes, are
461 amended to read:

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462 408.062 Research, analyses, studies, and reports.--

463 (1) The agency shall conduct research, analyses, and
464 studies relating to health care costs and access to and quality
465 of health care services as access and quality are affected by
466 changes in health care costs. Such research, analyses, and
467 studies shall include, but not be limited to:

468 (h) The collection of a statistically valid sample of data
469 on the retail prices charged by pharmacies for the 100 ~~50~~ most
470 frequently prescribed medicines from any pharmacy licensed by
471 this state as a special study authorized by the Legislature to be
472 performed by the agency quarterly. If the drug is available
473 generically, price data shall be reported for the generic drug
474 and price data of a brand-named drug for which the generic drug
475 is the equivalent shall be reported. The agency shall make
476 available on its Internet website for each pharmacy, no later
477 than October 1, 2006 ~~2005~~, drug prices for a 30-day supply at a
478 standard dose. The data collected shall be reported for each drug
479 by pharmacy and by metropolitan statistical area or region and
480 updated quarterly.

481 (j) The making available on its Internet website beginning
482 no later than October 1, 2004, and in a hard-copy format upon
483 request, of patient charge, volumes, length of stay, and
484 performance ~~outcome~~ indicators collected from health care
485 facilities pursuant to s. 408.061(1)(a) for specific medical
486 conditions, surgeries, and procedures provided in inpatient and
487 outpatient facilities as determined by the agency. In making the
488 determination of specific medical conditions, surgeries, and
489 procedures to include, the agency shall consider such factors as
490 volume, severity of the illness, urgency of admission, individual

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491 and societal costs, and whether the condition is acute or
492 chronic. Performance ~~outcome~~ indicators shall be risk adjusted or
493 severity adjusted, as applicable, using nationally recognized
494 risk adjustment methodologies or software consistent with the
495 standards of the Agency for Healthcare Research and Quality and
496 as selected by the agency. The website shall also provide an
497 interactive search that allows consumers to view and compare the
498 information for specific facilities, a map that allows consumers
499 to select a county or region, definitions of all of the data,
500 descriptions of each procedure, and an explanation about why the
501 data may differ from facility to facility. Such public data shall
502 be updated quarterly. The agency shall submit an annual status
503 report on the collection of data and publication of health care
504 quality measures ~~performance outcome indicators~~ to the Governor,
505 the Speaker of the House of Representatives, the President of the
506 Senate, and the substantive legislative committees with the first
507 status report due January 1, 2005.

508 (2) The agency may assess annually the caesarean section
509 rate in Florida hospitals using the analysis methodology that the
510 agency determines most appropriate. The data from this assessment
511 shall be published periodically on the agency's Internet website.
512 ~~To assist the agency in determining the impact of this chapter on~~
513 ~~Florida hospitals' caesarean section rates, each provider~~
514 ~~hospital, as defined in s. 383.336, shall notify the agency of~~
515 ~~the date of implementation of the practice parameters and the~~
516 ~~date of the first meeting of the hospital peer review board~~
517 ~~created pursuant to this chapter. The agency shall use these~~
518 ~~dates in monitoring any change in provider hospital caesarean~~
519 ~~section rates. An annual report based on this monitoring and~~

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~~assessment shall be submitted to the Governor, the Speaker of the House of Representatives, and the President of the Senate by the agency, with the first annual report due January 1, 1993.~~

(5) The agency shall develop and implement a strategy for the adoption and use of electronic health records, including the development of an electronic health information network for the sharing of electronic health records among health care facilities, health care providers, and health insurers. The agency may develop rules to facilitate the functionality and protect the confidentiality of electronic health records. The agency shall report to the Governor, the Speaker of the House of Representatives, and the President of the Senate on legislative recommendations to protect the confidentiality of electronic health records.

Section 6. Subsection (3) of section 20.42, Florida Statutes, is amended to read:

20.42 Agency for Health Care Administration.--

(3) The department shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the certificate of need program; the operation of the Florida State Center for Health Information and Policy Analysis ~~Statistics~~; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics as set forth in part III

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of chapter 641; and any other duties prescribed by statute or agreement.

Section 7. Subsection (3) of section 381.001, Florida Statutes, is amended to read:

381.001 Legislative intent; public health system.--

(3) It is, furthermore, the intent of the Legislature that the public health system include comprehensive planning, data collection, technical support, and health resource development functions. These functions include, but are not limited to, state laboratory and pharmacy services, the state vital statistics system, the Florida State Center for Health Information and Policy Analysis ~~Statistics~~, emergency medical services coordination and support, and recruitment, retention, and development of preventive and primary health care professionals and managers.

Section 8. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.--

(2) DEFINITIONS.--As used in this part:

(e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:

1. The sole provider within a county with a population density of no greater than 100 persons per square mile;

2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;

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577 3. A hospital supported by a tax district or subdistrict
578 whose boundaries encompass a population of 100 persons or fewer
579 per square mile;

580 4. A hospital in a constitutional charter county with a
581 population of over 1 million persons that has imposed a local
582 option health service tax pursuant to law and in an area that was
583 directly impacted by a catastrophic event on August 24, 1992, for
584 which the Governor of Florida declared a state of emergency
585 pursuant to chapter 125, and has 120 beds or less that serves an
586 agricultural community with an emergency room utilization of no
587 less than 20,000 visits and a Medicaid inpatient utilization rate
588 greater than 15 percent;

589 5. A hospital with a service area that has a population of
590 100 persons or fewer per square mile. As used in this
591 subparagraph, the term "service area" means the fewest number of
592 zip codes that account for 75 percent of the hospital's
593 discharges for the most recent 5-year period, based on
594 information available from the hospital inpatient discharge
595 database in the Florida State Center for Health Information and
596 Policy Analysis Statistics ~~Statistics~~ at the Agency for Health Care
597 Administration; or

598 6. A hospital designated as a critical access hospital, as
599 defined in s. 408.07(15).

600
601 Population densities used in this paragraph must be based upon
602 the most recently completed United States census. A hospital that
603 received funds under s. 409.9116 for a quarter beginning no later
604 than July 1, 2002, is deemed to have been and shall continue to
605 be a rural hospital from that date through June 30, 2012, if the

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hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of subparagraph 4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation to the Agency for Health Care Administration.

Section 9. Section 395.6025, Florida Statutes, is amended to read:

395.6025 Rural hospital replacement facilities.--Notwithstanding the provisions of s. 408.036, a hospital defined as a statutory rural hospital in accordance with s. 395.602, or a not-for-profit operator of rural hospitals, is not required to obtain a certificate of need for the construction of a new hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of less than 30 persons per square mile, or a replacement facility, provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida State Center for Health Information and Policy Analysis Statistics at the Agency for Health Care Administration.

Section 10. Paragraph (d) of subsection (43) of section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.--As used in this chapter, with the exception of ss. 408.031-408.045, the term:

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(43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida State Center for Health Information and Policy Analysis Statistics at the Agency for Health Care Administration; or

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2012, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

Section 11. Paragraph (a) of subsection (4) of section 408.18, Florida Statutes, is amended to read:

408.18 Health Care Community Antitrust Guidance Act; antitrust no-action letter; market-information collection and education.--

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664 (4)(a) Members of the health care community who seek
665 antitrust guidance may request a review of their proposed
666 business activity by the Attorney General's office. In conducting
667 its review, the Attorney General's office may seek whatever
668 documentation, data, or other material it deems necessary from
669 the Agency for Health Care Administration, the Florida State
670 Center for Health Information and Policy Analysis ~~Statistics~~, and
671 the Office of Insurance Regulation of the Financial Services
672 Commission.

673 Section 12. Paragraph (c) of subsection (4) of section
674 381.026, Florida Statutes, is amended to read:

675 381.026 Florida Patient's Bill of Rights and
676 Responsibilities.--

677 (4) RIGHTS OF PATIENTS.--Each health care facility or
678 provider shall observe the following standards:

679 (c) Financial information and disclosure.--

680 1. A patient has the right to be given, upon request, by
681 the responsible provider, his or her designee, or a
682 representative of the health care facility full information and
683 necessary counseling on the availability of known financial
684 resources for the patient's health care.

685 2. A health care provider or a health care facility shall,
686 upon request, disclose to each patient who is eligible for
687 Medicare, in advance of treatment, whether the health care
688 provider or the health care facility in which the patient is
689 receiving medical services accepts assignment under Medicare
690 reimbursement as payment in full for medical services and
691 treatment rendered in the health care provider's office or health
692 care facility.

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693 3. A health care provider or a health care facility shall,
694 upon request, furnish a person, prior to provision of medical
695 services, a reasonable estimate of charges for such services.
696 Such reasonable estimate shall not preclude the health care
697 provider or health care facility from exceeding the estimate or
698 making additional charges based on changes in the patient's
699 condition or treatment needs.

700 4. Each licensed facility not operated by the state shall
701 make available to the public on its Internet website or by other
702 electronic means a description of and a link to the performance
703 outcome and financial data that is published by the agency
704 pursuant to s. 408.05(3) (k) ~~(l)~~. The facility shall place a notice
705 in the reception area that such information is available
706 electronically and the website address. The licensed facility may
707 indicate that the pricing information is based on a compilation
708 of charges for the average patient and that each patient's bill
709 may vary from the average depending upon the severity of illness
710 and individual resources consumed. The licensed facility may also
711 indicate that the price of service is negotiable for eligible
712 patients based upon the patient's ability to pay.

713 5. A patient has the right to receive a copy of an itemized
714 bill upon request. A patient has a right to be given an
715 explanation of charges upon request.

716 Section 13. Subsection (10) of section 395.301, Florida
717 Statutes, is amended to read:

718 395.301 Itemized patient bill; form and content prescribed
719 by the agency.--

720 (10) Each licensed facility shall make available on its
721 Internet website a link to the performance outcome and financial

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722 data that is published by the Agency for Health Care
723 Administration pursuant to s. 408.05(3) (k) ~~(1)~~. The facility shall
724 place a notice in the reception area that the information is
725 available electronically and the facility's Internet website
726 address.

727 Section 14. Section 465.0244, Florida Statutes, is amended
728 to read:

729 465.0244 Information disclosure.--Every pharmacy shall make
730 available on its Internet website a link to the performance
731 outcome and financial data that is published by the Agency for
732 Health Care Administration pursuant to s. 408.05(3) (k) ~~(1)~~ and
733 shall place in the area where customers receive filled
734 prescriptions notice that such information is available
735 electronically and the address of its Internet website.

736 Section 15. Subsection (2) of section 627.6499, Florida
737 Statutes, is amended to read:

738 627.6499 Reporting by insurers and third-party
739 administrators.--

740 (2) Each health insurance issuer shall make available on
741 its Internet website a link to the performance outcome and
742 financial data that is published by the Agency for Health Care
743 Administration pursuant to s. 408.05(3) (k) ~~(1)~~ and shall include
744 in every policy delivered or issued for delivery to any person in
745 the state or any materials provided as required by s. 627.64725
746 notice that such information is available electronically and the
747 address of its Internet website.

748 Section 16. Subsection (7) of section 641.54, Florida
749 Statutes, is amended to read:

750 641.54 Information disclosure.--

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(7) Each health maintenance organization shall make available on its Internet website a link to the performance outcome and financial data that is published by the Agency for Health Care Administration pursuant to s. 408.05(3) (k) ~~(l)~~ and shall include in every policy delivered or issued for delivery to any person in the state or any materials provided as required by s. 627.64725 notice that such information is available electronically and the address of its Internet website.

Section 17. This act shall take effect upon becoming a law.